

LEGAL CASE TRANSMITTAL

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Pink (3rd Copy) : Legal Return CCL
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COUNTY CONTACTS	
LICENSING EVALUATOR NAME:	
PHONE NUMBER:	()
LICENSING SUPERVISOR NAME:	
PHONE NUMBER:	()

LICENSEE/APPLICANT:		DATE RECEIVED FROM COUNTY	
FACILITY TYPE:			
<input type="checkbox"/> FAMILY CHILD CARE		<input type="checkbox"/> FOSTER FAMILY HOME	
		<input type="checkbox"/> DUAL	
MATERIAL ATTACHED		ACTION REQUESTED	
<input type="checkbox"/> STATEMENT OF FACTS		<input type="checkbox"/> TSO	
<input type="checkbox"/> SUPPORT DOCUMENTS		<input type="checkbox"/> INSPECTION WARRANT	
<input type="checkbox"/> FOLLOW-UP INFORMATION		<input type="checkbox"/> REVOCATION	
<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> DENIAL	
		<input type="checkbox"/> INJUNCTION	
COMMENTS			

APPROVALS		
ADMINISTRATIVE ACTION ANALYST	PHONE:	DATE
	()	
REGIONAL MANAGER		DATE
FOR OCC USE ONLY		
ATTORNEY ASSIGNED:	PHONE NUMBER:	
	()	
LEGAL ASSISTANT ASSIGNED:	PHONE NUMBER:	
	()	
LEGAL CASE NUMBER:	DATE ASSIGNED:	